September 1994 No. 94-4

SPECIAL EDITION ANTIDRUG PROGRAM RULE REQUIREMENTS REVISED

On August 19, 1994, the Federal Aviation Administration (FAA) published a final rule (copy attached to this newsletter) amending the antidrug rule to comply with the Omnibus Transportation Employee Testing Act of 1991 (the Act), to clarify requirements of the rule, and to address concerns that have been raised since the rule was issued. The Act amended the Federal Aviation Act of 1958 to provide a statutory mandate for drug testing of aviation employees. The antidrug rule was issued in 1988 under the general authority of the FAA administrator to promulgate regulations relating to aviation safety.

The final rule does <u>not</u> change the random drug testing requirements. The notice of proposed rulemaking jointly issued on February 15, 1994, by the Office of the Secretary and the operating administrations within the DOT proposed changes to each administration's random drug testing rate based on the positive rate for random tests in each industry. Because of the common aspects of the random testing issue, the FAA will make any changes as part of a joint final rule.

SUMMARY OF CHANGES FROM CURRENT REQUIREMENTS

The following is a list of changes from the current regulatory requirements. Significant changes are addressed separately in the sections that follow. The effective date is September 19, 1994, except for the amendment to split specimen testing which was effective August 15, 1994.

Amendments Required by the Act

- Prohibition on service.
- Rehabilitation and evaluation.
- Split specimen testing.

Clarifying Amendments

- Changes in terminology.
- Contract air traffic control facilities.
- Refusal to submit to testing.
- Employees covered by the antidrug rule.
- Pre-employment testing.
- Return to duty and follow-up testing.
- Medical review officer functions.
- Antidrug program plan submissions.
- Employees located outside the U.S.

All aviation employers *must* implement these revisions to their antidrug programs in accordance with the appropriate effective dates. However, employers are <u>not</u> required to submit amendments to their plans, <u>except</u> to notify the Drug Abatement Division of the DHHS-certified laboratory that will test split specimens.

CHANGES IN TERMINOLOGY

To eliminate confusion regarding the terms "passing" and "failing" a drug test and how they relate to different drug test results (i.e., confirmed or verified positive/negative test, canceled tests, etc.), the terms have been changed to "verified positive" and "verified negative."

<u>Verified negative drug test result</u> means that the test result of a urine sample collected and tested under 14 CFR part 121, appendix I, has been verified by a Medical Review Officer as negative in accordance with 49 CFR part 40.

<u>Verified positive drug test result</u> means that the test result of a urine sample collected and tested under 14 CFR part 121, appendix I, has been verified by a Medical Review Officer as positive in accordance with 49 CFR part 40.

Additionally, throughout the antidrug rule the phrase "functions specified in section III of appendix I" has been replaced with "safety-sensitive functions."

CONTRACT AIR TRAFFIC CONTROL FACILITIES

Air traffic control (ATC) facilities *operating under contract to the FAA* are now considered to be covered employers, and as such are required to submit antidrug plans and implement antidrug programs in accordance with 14 CFR part 121, appendix I. Contractor employees to the ATC facility (i.e., not directly employed by the facility) must be subject to an FAA-approved antidrug program within 60 days of implementation of the ATC facility's program.

EMPLOYEES WHO MUST BE TESTED

The safety-sensitive functions have been modified to parallel the classes of covered functions in the alcohol misuse prevention program rule. The categories of *flight test* and *ground instruction* duties have been eliminated, and separate categories of *aviation screening* and *ground security coordinator* duties have been established. The category of *flight test* duties should be subsumed in either *flight crewmember* or *flight instructor* duties.

Ground Security Coordinator (GSC) duties are described in 14 CFR part 108. The GSC must be designated by the airline. Additionally, the GSC must be trained according to the requirements of part 108. **Airport security police duties, as such, are <u>not</u> considered a covered function.**

PRE-EMPLOYMENT TESTING

Before an employee performs a safety-sensitive function for the *first* time for an employer, he/she <u>must</u> undergo a pre-employment drug test for that employer. This includes current employees moving from a non-covered function to a covered safety-sensitive function. The employer shall not allow the individual to perform a safety-sensitive function until the employer receives a verified negative pre-employment test result.

An employer <u>may</u> conduct a pre-employment test when:

- 1. The individual previously performed a safety-sensitive function for the employer;
- 2. The individual was removed from the employer's random testing pool for reasons other than a verified positive test result on an FAA-mandated test or refusal to submit to such testing; and
- 3. The individual will be returning to the performance of a safety-sensitive function.

Employers may, but are no longer required to, pre-employment test employees who have been removed from the random testing pool for any length of time (e.g., former employees who are being rehired, or employees who had been on leave of absence or worked outside the territory of the United States).

The employer is required to advise each applicant for a safety-sensitive function of the preemployment testing requirement and the drugs for which testing will be performed. Similarly, if an employer is testing individuals removed from the random pool for reasons other than a verified positive test result or refusal to submit to testing, then the employees must also be advised of such testing.

RETURN TO DUTY TESTING

An employee who refused to submit to or had a verified positive drug test result on any type of test other than pre-employment (e.g., random) must take a *return to duty test* and obtain a verified negative test result before returning to the performance of a safety-sensitive function.

An individual who had a verified positive test result on a pre-employment test, or refused a pre-employment test, must take another pre-employment test and obtain a verified negative test result before performing a safety-sensitive function.

Previously an employee had to pass a pre-employment test before an MRO could recommend that the employee return to duty in a safety-sensitive function after a verified positive test result or refusal to submit to testing. The employee was then subject to a program of what was previously called "return-to-duty" testing.

FOLLOW-UP TESTING

Follow-up testing (previously called return-to-duty testing) is required for any individual who is returned to duty to perform a safety-sensitive function after receiving a verified positive test result or refusing to submit to a drug test. It is a program of unannounced testing in which the MRO determines the amount and frequency of testing on a case-by-case basis, but in no case can such testing exceed 60 months after the date the individual begins to perform or returns to the performance of safety-sensitive functions. In the case of an individual who has been

evaluated by a substance abuse professional and determined to be in need of assistance in resolving problems associated with illegal drug use, *follow-up testing* shall consist of <u>at least 6 tests in the first 12 months</u> following the employee's return to duty.

If the MRO determines that return to duty and/or follow-up alcohol testing is necessary for a particular employee, the employer may require such testing in addition to drug testing.

SPLIT SPECIMEN TESTING

The collection of split specimens is mandatory for all aviation employers. If the result of the *primary* specimen is <u>confirmed positive</u>, the employee has **72 hours** after receiving notice that the MRO has <u>verified</u> the test as positive in which to exercise his/her option to request a test of the split specimen. The MRO cannot delay verification of a primary specimen test result just because an employee has requested the split specimen be tested. Employer or agency action after the verification of the primary specimen is not stayed during the request period or while waiting for split specimen test results (e.g., removal from safety-sensitive position, notification to the Federal Air Surgeon).

See August 1994 Aviation Drug/Alcohol Abatement UPDATE for additional information.

Under the amended FAA rule, the right of an employee to request a <u>retest</u> of the *original* specimen has been eliminated. Split specimen testing is in lieu of that right.

Aviation employers are reminded that split specimen testing provisions should have been in place by August 15. If you have not yet implemented such procedures, you must do so immediately. Additionally, you are required to submit an antidrug plan amendment to the Drug Abatement Division identifying the DHHS-certified laboratory (or laboratories) that will test the split specimens. If the employees will have the option of selecting any DHHS-certified laboratory to test the split specimen, the amendment should just contain a statement to that effect.

RELEASE OF DRUG TESTING INFORMATION

Employers <u>must</u> release employee antidrug program records upon receipt of the written consent of an employee. The request for the release of information must be for release to an identified person and there must be a separate release each time information is to be disclosed. Information relating to an employee's drug testing results, evaluations, and rehabilitation records must be released. Release to the National Transportation Safety Board as part of an accident investigation upon written request or order and to the FAA upon request is also mandatory. Employers are not allowed to release information except as required by law or 14 CFR part 121, appendix I.

REFUSAL TO SUBMIT TO TESTING

Employers are required to notify the FAA within 5 working days of any instance in which a 14 CFR part 61, part 63, or part 65 airman certificate holder refused to submit to a required drug test (generally, this applies to individuals who perform flight crewmember, flight instruction, aircraft dispatcher, aircraft maintenance, or air traffic control duties).

Notification of refusals should be sent to:

FAA, Aviation Standards National Field Office Airmen Certification Branch (AVN-460) P.O. Box 25082 Oklahoma City, OK 73125

Employers are NOT required to notify the FAA of refusals to submit to pre-employment or return to duty drug tests.

PERMANENT DISQUALIFICATION FROM SERVICE

There are two circumstances under which employees who engage in prohibited use of drugs are absolutely barred from performance of the same duties performed before the determination of such prohibited use.

1. Two Verified Positive Drug Tests

If an employee is determined to have *two verified positive drug tests* after September 19, 1994, then he/she is permanently precluded from performing the safety-sensitive function he/she performed before the *second* drug test. The bar on two-time violators applies to both persons who have gone through rehabilitation and to those, who, after evaluation, were determined not to need treatment.

2. On Duty Use of a Prohibited Drug

If an employee is determined to have used a prohibited drug while performing a safety-sensitive function after September 19, 1994, then he/she is permanently precluded from performing that safety-sensitive function for an employer.

<u>Performing (a safety-sensitive function)</u>: an employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such function.

MEDICAL REVIEW OFFICER DUTIES

In addition to the duties listed in 49 CFR part 40, the MRO shall also perform the duties listed below.

1. Inquire as part of the interview process whether an individual who had a confirmed positive test result holds an airman medical certificate issued under 14 CFR part 67 or if the individual would be required to hold a part 67 airman medical certificate in order to perform a safety-sensitive function for the employer.

Part 67 airman medical certificates are required of student pilots (prior to first solo flight), private pilots, commercial pilots, airline transport pilots, flight instructors, flight engineers, and non-FAA/non-military air traffic controllers.

2. Process employee requests for split specimen testing.

The MRO shall not delay verification of a primary specimen test result just because an employee has requested the split specimen be tested. Employer or agency action after the verification of the primary specimen is not stayed during the request period or while waiting for split specimen test results.

3. Advise employees who received a verified positive drug test result or who refused to submit to a drug test of resources available in evaluating and resolving problems associated with illegal drug use.

Notification shall include the names, addresses, and telephone numbers of Substance Abuse Professionals (SAP) and counseling and treatment programs.

4. Ensure that employees who received a verified positive drug test result or refused to submit to a drug test are evaluated by a SAP.

The purpose of the evaluation is to determine if the employee is in need of assistance in resolving problems associated with illegal drug use. The MRO may perform the evaluation if qualified as a SAP.

- 5. Make recommendations concerning returning employees to the performance of safety-sensitive functions who have had a verified positive drug test result or refused to submit to a drug test.
- 6. Make recommendations concerning hiring employees to perform safety-sensitive functions who have had a verified positive drug test result or refused to submit to a drug test.
- 7. May <u>not</u> recommend a person be hired to perform or be returned to perform a safety-sensitive function unless the regulatory requirements are met.

REVIEW AND REPORTING OF "PART 67 POSITIVES"

If the MRO *verifies* the test result as positive, then a determination of probable drug dependence or nondependence must be made within 10 working days of verifying the test as positive. When no determination can be made the MRO should state this in the individual's record. This determination is necessary because drug dependency is a disqualifying medical condition under part 67. In making the determination the MRO may consider an assessment from a SAP or counseling/treatment program. If it is determined that an individual is probably drug dependent, or a dependency determination cannot be made, the MRO cannot recommend that the individual be returned to duty unless and until the individual has been found nondependent by or has received a special issuance airman medical certificate from the Federal Air Surgeon. If it is determined that an individual is nondependent, the MRO may recommend that the individual be returned to duty. Any recommendation is subject to the evaluation, testing, and other requirements of part 121, appendix I.

Irrespective of the dependency determination, the MRO must report the name of any individual who holds a part 67 airman medical certificate and who has a verified positive test result to the Federal Air Surgeon within 12 working days after verifying the drug test result. A suggested format for reporting this information is attached to this Update. In addition to the format the following must be included:

- Test result and verification documents.
- Determinations concerning dependency.
- SAP evaluation, if applicable.
- Return to duty recommendations.
- Supporting information.

All information should be sent to:

Federal Air Surgeon FAA/Drug Abatement Division (AAM-800) 400 7th Street, SW Washington, DC 20590

MRO RECORDS

The MRO must maintain records necessary for accomplishing his/her duties. All records must be maintained in confidence and released in accordance with the provisions of part 121, appendix I and 49 CFR part 40.

Confirmed Positive Test Results

All records related to confirmed positive test results must be retained for a minimum of **5 years**. Such records include the MRO copies of the custody and control form, medical interviews, documentation of the basis for verifying as negative confirmed positive test results, documentation concerning the MRO's verification process, and copies of dependency determinations, where applicable.

• Confirmed Negative Test Results

All records related to confirmed negative test results must be retained for a minimum of **12** months.

If the employer changes MROs, the employer shall ensure that the former MRO forwards all required records to the new MRO within 10 working days of receiving notice from the employer of the new MRO's name and address. A consortium may effect the actual transfer of records; however, the consortium does so only as an agent of the employers using its services to implement their programs. It remains the employer's obligation to ensure that MRO records are forwarded to a new MRO, even if the employer is obtaining services through a consortium.

EVALUATIONS AND REFERRALS

An employee who had a verified positive drug test or who refused to submit to a required drug test must be referred to a SAP for evaluation to determine what assistance, if any, the employee needs. The SAP may be employed by, under contract to, or not affiliated with the employer. The choice of the SAP and assignment of costs shall be made in accordance with employer/employee agreements and employer policies. Although it is preferable for employers to pre-designate SAPs, the rule does not require employers to have a SAP available until an employee receives a verified positive drug test or refuses to submit to a required drug test.

Substance Abuse Professional means a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission), with knowledge of and clinical experience in the diagnosis and treatment of disorders related to drug use and abuse.

MROs who also meet the qualifications of a SAP may perform the initial evaluation of individuals who have a verified positive drug test result or who refuse to submit to a required test.

A SAP who performed an initial evaluation may <u>not</u> refer an employee determined to be in need of assistance to his/her private practice or to a person or organization from which the SAP receives payment or in which the SAP has a financial interest. The SAP may refer an employee to:

- A public agency, such as a State, county, or municipality;
- The employer or a person under contract to provide treatment for drug problems on behalf of the employer;

- The sole source of therapeutically appropriate treatment under the employee's health insurance program; or
- The sole source of therapeutically appropriate treatment reasonably accessible to the employee.

QUESTION: Each employee who has a verified positive drug test or who refuses to submit to a required drug test must be referred to a SAP for evaluation. What must the employer do to comply with this requirement?

ANSWER: The employer's MRO must provide the employee with the name, address, and telephone number of a qualified SAP who can evaluate the employee and determine what assistance, if any, the employee needs in resolving problems associated with illegal drug use. The choice of SAPs and the assignment of costs is determined by employer policies and employer/employee agreements.

If the employee is fully advised of the availability of the SAP and refuses to be evaluated, the employer would not be in violation of the rule. However, the employee could not return to the performance of a safety-sensitive function for any employer before he or she was evaluated and completed any treatment recommended by the SAP.

EMPLOYEE ASSISTANCE PROGRAM

Each employer is required to provide an EAP that includes training for employees and supervisors and an education program which includes the display and distribution of the *employer's policy* regarding drug use in the workplace. Under the amended rule, the policy shall include information regarding the consequences under the rule of using drugs while performing safety-sensitive functions, receiving a verified positive drug test result, or refusing to submit to a drug test required under the rule.

ANTIDRUG PROGRAM PLANS

All antidrug plans and amendments should be sent IN DUPLICATE to:

FAA/Office of Aviation Medicine Drug Abatement Division (AAM-800) 400 7th Street, SW Washington, DC 20590

The "grace period" provided in the 1988 rule for *new* aviation employers has been eliminated. *New covered employers are prohibited from beginning operations without an FAA-approved antidrug program*. Their antidrug program must be implemented, and all covered employees subject to testing, not later than the beginning of operations. Employees performing safety-sensitive functions by contract must be subject to an FAA-approved antidrug program within 60 days of the implementation of the employer's program.

Each employer, or contractor company, with an FAA-approved antidrug plan, shall ensure that it is <u>continuously covered</u> by an FAA-approved antidrug program, and shall obtain FAA approval prior to changing programs (e.g., joining another carrier's program, joining a consortium, or transferring to another consortium).

FAA-approved *consortia* must report membership changes to the FAA *within 10 working days* of such changes.

REPORTING OF ANTIDRUG PROGRAM RESULTS

The reporting format has been revised to incorporate changes in the covered employee categories. Employers are reminded that **no other form**, including another DOT operating administration's form, **is acceptable** for submission to the FAA. The Drug Abatement Division will distribute the forms to employers required to submit a report for 1994 in sufficient time for completion and submission.

EMPLOYEES LOCATED OUTSIDE THE U.S.

The revised rule supersedes the old, repeatedly deferred provisions regarding employees outside the United States. The rule now states that no employee shall undergo drug testing under the FAA's antidrug rule while located outside the territory of the United States. Nor shall any person who performs a covered function by contract for an employer outside the territory of the United States be subject to part 121, appendix I.

An employer must remove from the random testing pool any employee assigned to perform safety-sensitive functions *solely* outside the territory of the United States. The employee must be returned to the random testing pool as soon as the employee once more begins to perform functions *wholly or partially* within the territory of the United States.

The employer has the option of conducting pre-employment tests on employees removed from the random testing pool prior to returning to the performance of safety-sensitive functions wholly or partially within the territory of the United States.

49 CFR PART 40 CHANGES

On August 19, 1994, the Department of Transportation (DOT) published a final rule amending 49 CFR part 40. The changes revise the current drug testing procedures to be consistent with DHHS guidelines and address implementation problems. The effective date is September 19, 1994, unless otherwise specified.

The most significant changes are related to:

- Custody and control form.
- Split specimen collection procedures.
- Temperature range.
- Untestable, inadequate, or unavailable split specimen.

- Marijuana initial test level.
- Methamphetamine level.
- Statistical summary reports.
- MRO conflicts of interest.

CUSTODY AND CONTROL FORM

All aviation employers <u>must</u> use the custody and control form that is in appendix A to 49 CFR part 40 for drug tests conducted on or after February 16, 1995. However, the new form <u>may</u> be used immediately. The form may <u>not</u> be modified or revised in any way, except for *additional* information required for billing or other legitimate purposes necessary to the collection.

NOTE: Changes to the Breath Alcohol Testing Form

Although this special edition addresses drug testing issues, employers should be aware that the part 40 revisions changed the breath alcohol testing form. The form designations have been switched so that:

- Copy 1 (white) shall be transmitted to the employer.
- Copy 2 (green) shall be provided to the employee.
- Copy 3 (blue) shall be retained by the Breath Alcohol Technician (BAT).

SPLIT SPECIMEN COLLECTION PROCEDURES

EFFECTIVE DATE: AUGUST 15, 1994

If a single specimen bottle is used as a collection container, the collection site person (in the presence of the donor) shall pour 15 mL of urine into a second bottle, to be used as the *split specimen*. The remainder in the collection container (at least 30 mL) is to be used as the *primary specimen*.

To ensure DOT procedures do not conflict with DHHS collection procedures, THIS PROCEDURE IS THE REVERSE OF THAT PUBLISHED IN THE FEBRUARY 15, 1994, RULE.

To allow for new technology, a split specimen collection method or system that does not involve the pouring of urine from one container to another may be used, provided the subdivision results in a primary and split specimen that can be transmitted to the laboratory and tested in ways that comply with part 40 requirements.

TEMPERATURE RANGE

The temperature range within which a specimen must fall in order to avoid creating a reason to believe that a specimen has been altered or substituted has been changed to 32-38°C/90-100°F.

UNTESTABLE, INADEQUATE, OR UNAVAILABLE SPLIT SPECIMEN

In situations where the primary specimen reaches the laboratory in tact, but the split specimen does not (i.e., the split specimen container may have leaked, leaving an inadequate amount of urine), the laboratory *shall test the primary specimen* in the usual way and the test result sent to the MRO. If the employee requests a test of the split specimen, the MRO shall direct the laboratory in writing to forward the specimen to a different DHHS-certified laboratory for testing. At this point, and not before, the laboratory shall inform the MRO if the split specimen is untestable, inadequate, or unavailable. *If so, the MRO shall then cancel the test*. If the employee does <u>not</u> request the split specimen be tested, then the MRO shall report a verified positive test result to the employer.

Split specimens that become unavailable for testing at other stages of the process (e.g., the receiving laboratory mishandles or loses the split specimen in storage, the split specimen is lost in transit between the receiving laboratory and the second laboratory that would analyze the split) should be handled in the same manner as outlined above.

MARIJUANA INITIAL TEST LEVEL

EFFECTIVE DATE: SEPTEMBER 1, 1994

The initial test cutoff level for marijuana has been reduced from 100 ng/mL to 50 ng/mL. (The confirmation level remains 15 ng/mL.)

METHAMPHETAMINE LEVEL

EFFECTIVE DATE: SEPTEMBER 1, 1994

In order for a specimen containing methamphetamine to be confirmed positive it must also contain an amphetamine concentration equal to or greater than 200 ng/mL.

STATISTICAL SUMMARY REPORTS

The laboratory shall provide employers with a <u>quarterly</u> summary of their program's drug testing data not more than 14 days after the end of the quarter. The summary shall contain the following information:

- 1. The number of specimens received for testing.
- 2. The number of specimens confirmed positive for-
 - a. Marijuana;
 - b. Cocaine;
 - c. Opiates;
 - d. Phencyclidine (PCP);
 - e. Amphetamines.
- 3. The number of specimens for which a test was not performed.

Laboratories are no longer required to provide initial test data or to send the reports by registered or certified mail.

The report shall not contain any personal identifying information or other data from which an inference about an individual's test results could be made. If the report cannot be sufficiently aggregated to preclude identification of a specific individual, then the laboratory shall not send a report until such an inference is unlikely. When a report is withheld for this reason or because no testing was conducted, the laboratory must notify the employer of such in writing.

Laboratories may send the report to a consortium provided that the report gives employer-specific data for each employer <u>and</u> the consortium forwards the employer-specific data to each employer within 14 days of receipt of the report from the laboratory. When employer-specific data is withheld because an employer did not conduct any testing or release of the data would permit inferences about individual employee's identity, the consortium must provide a report so advising the employer.

MRO CONFLICTS OF INTEREST

The laboratory shall not enter into any relationship with an employer's MRO that may be construed as a potential conflict of interest or derive any financial benefit by having an employer use a specific MRO.



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Comments or suggestions should be sent to the above address.



REPORT OF POSITIVE DRUG TEST 14 CFR PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER

In compliance with the provisions of 14 CFR part 121, appendix I, I am notifying you of a positive test result on the following individual who holds an airman medical certificate issued pursuant to 14 CFR part 67.

On (date), I as Medical Review Officer for (company name), verified that a (type of test) drug test performed on (individual's name) employed by or being considered for employment by (company name), was a positive result for (name of substance/s). The specimen was collected on (date); the test result was received by me from (name of laboratory) on (date); and company management was informed of the verified positive test result by me on (date).		
	Testing of split specimen <u>NOT</u> requested.	
	On (date) testing of the split specimen was requested and I directed split specimen to (name of laboratory) for testing. The test result and reconfirmed the presence of the drug or drug metabolite(s) four	was received by me on (date);
	On (date) testing of the split specimen was requested and I directed split specimen to (name of laboratory) for testing. I have not yet a forward it to the Federal Air Surgeon upon receipt.	· ·
I have made the following dependency determination:		
	<i>NONDEPENDENT</i> . After thorough review of (individual's name interview with him/her, and an evaluation by (name and title), a su have made a determination of nondependence and have recommend duty, subject to the provisions of 14 CFR part 121, appendix I. I a documentation that I used in reaching this determination.	bstance abuse professional, I led that he/she be returned to
	DEPENDENT. After thorough review of (individual's name) pertinent medical records, an interview with him/her, and an evaluation by (name and title), a substance abuse professional, I have made a determination of probable drug dependence. In compliance with the provisions of 14 CFR part 121, appendix I, I am enclosing all documentation pertaining to this individual's test result and my decision for your review and determination. This employee has been removed from his/her safety-sensitive function and is prohibited from performing such duties, unless and until the individual has been found to nondependent by or has received a special issuance medical certificate from the Federal Air Surgeon.	
	I am unable to make a determination of dependence or nondependen	nce.
Med	dical Review Officer Signature:	Date:
Printed Name:		
Enclosures		